

FORM X-17A-5 PART III

Estimated average burden hours per response..... 12.00

8-53604

FACING PAGE

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

A. REGISTRANT IDENTIFIC NAME OF BROKER-DEALER: Integrity Brokerage Ser ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Bo	
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Bo	-VICES TOC OFFICIAL USE ONI
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Bo	
5067 Palmera DR	
(No. and Street)	80/
Oceanside (No. and Street) (No. and Street)	72056
(City) (State)	(Zip Code)
NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN RI	EGARD TO THIS REPORT
SUSAGA FIEIMIE	(Area Code – Telephone Num
B. ACCOUNTANT IDENTIFIC	CATION
INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in	A 5
John Patrick Drisc	Co//
(Name – if individual, state last, fir	irsı, middle name)
43521 Ridge Park DR #101 Temeco	ula CA 92590
(Address) (City)	(State) (Zip Code)
CHECK ONE:	PROCESSE
Certified Public Accountant	** A44** 6
☐ Public Accountant	MAY 0 3 2007
Accountant not resident in United States or any of its posses	ssions. THOMSON FINANCIAL
FOR OFFICIAL USE ON	NLY

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1410 (06-02)

OATH OR AFFIRMATION

i, Joshua Helmle	, swear (or affirm) that, to the best of
my knowledge and belief the accompanying financial state	
Integrity Brokerage	Services, Inc., as
of Dec. 31, 20	o o o , are true and correct. I further swear (or affirm) that
	officer or director has any proprietary interest in any account
	officer of diffector has any proprietary interest in any account
lassified solely as that of a customer, except as follows:	
//////////////////////////////////////	<u> </u>
ANGELA F. HELMLE	
NOTARY PUBLIC-CALIFORNIA	\frac{\frac}{\frac}{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\fin}}}}}{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\firac{\frac{\firi}}}}{\frac{\frac{\frac{\frac{\
SAN DIEGO COUNTY	<u> </u>
MY COMM. EXPIRES SEPT. 25, 2010	3 January 1810 18
	Jas wayer
	Signature
_ 1.5	
	CEO
	Title
1 CARRIED IN 1	
HT WINT TOWN	
Notary Public	
This report ** contains (check all applicable boxes):	
(a) Facing Page.	
(b) Statement of Financial Condition.	
(c) Statement of Income (Loss).	
(d) Statement of Changes in Financial Condition.	
(e) Statement of Changes in Stockholders' Equity or P	
(f) Statement of Changes in Liabilities Subordinated t	o Claims of Creditors.
g) Computation of Net Capital.	
(h) Computation for Determination of Reserve Require	
(i) Information Relating to the Possession or Control	
	n of the Computation of Net Capital Under Rule 15c3-1 and the
Computation for Determination of the Reserve Rec	
	ed Statements of Financial Condition with respect to methods of
consolidation.	
(I) An Oath or Affirmation.	
(m) A copy of the SIPC Supplemental Report.	
(n) A report describing any material inadequacies found	I to exist or found to have existed since the date of the previous audit

**For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

 \mathcal{END}